burden of influenza by 79–85%. Estimated direct cost savings (excluding the cost of vaccination) would be $47 per vaccinated child; indirect cost savings would be $199 per vaccinee. Assumed coverage levels of 40% and 80% yielded similar findings. **CONCLUSIONS:** Routine vaccination of children and the resulting reduction in disease transmission would reduce substantially the clinical and economic burden of influenza in the US.

PIN20

COST-CONSEQUENCES OF INFLUENZA VACCINATION FOR SCHOOL-AGED CHILDREN IN JAPAN

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Although influenza vaccination had been performed on mandatory basis for Japanese school-aged children until the mid of 1980s, thereafter the government changed the policy into individual-initiated basis. It caused the recipient rate of influenza vaccination rapidly decreasing. Consequently, there emerged a controversy about vaccination policy, mandatory vs. voluntary, for high-risk population. **OBJECTIVE:** Evaluate cost-consequences of the controversial strategies for influenza vaccination compared with no vaccination for healthy school-aged children in Japan. **METHODS:** A cost-consequence analysis was performed by decision analytic modeling using data from the literature. The decision tree models a healthy school-aged child facing the alternatives toward influenza: 1) individual-initiated voluntary vaccination; 2) mandatory vaccination in school; or 3) no vaccination. Direct costs included medical costs for vaccination (the costs of the vaccine, supplies, personnel, etc.), physician visits, and treatments. Also, indirect costs were included in the form of lost productivity in which the parents are burdened by taking children to a physician's office for vaccination or staying home to care for their ill children. The total cost of each scenario was compared with that of no vaccination consequence. We assumed the vaccine has no side effects for the base case, and then a sensitivity analysis was conducted to evaluate the impact of side effects with low-grade fever. **RESULTS:** Performing mandatory vaccination could save US$13 (JY1571) per child vaccinated comparing with no vaccination, whereas voluntary vaccination additionally cost US$36 (JY4428). Also, the total cost of mandatory scenario had an advantage of marginal saving of US$50 (JY6000) comparing to the voluntary basis. The sensitivity analysis indicated that results in the base case were rather robust. **CONCLUSION:** Mandatory vaccination for children in Japanese school could have substantial cost savings. Considering the target population of 18,000,000 school children in Japan, turning into mandatory is recommended with great potentiality of economic impact on the society.

PIN21

COST-EFFECTIVENESS OF SELECTED INTERVENTIONS TO REDUCE THE BURDEN OF CHILDHOOD PNEUMONIA AND DIARRHEA: A STANDARDISED ANALYSIS

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OBJECTIVES: The World Health Report 2002 attributes 15% of the burden of disease associated with major risk factors in developing countries to malnutrition and about 3% each to Vitamin A and zinc deficiency. Most of the burden is from diarrhea and pneumonia in children aged less than five years. This paper analyses the costs and effectiveness of selected personal and non-personal curative and preventive interventions, singly and in combination. **METHODS:** For each of 11 epidemiological subregions, the population health impact for each intervention or combination of interventions at different levels of coverage has been evaluated using a state transition model. Efficacy data come from systematic reviews or evaluations. Costs are estimated using the standardized WHO ingredients approach. An intervention is considered cost-effective if the cost-effectiveness ratio is <3 GDP per capita for the subregion. **RESULTS:** The highest health gains from a single intervention are from case management for pneumonia and oral rehydration therapy. The lowest costs are with fortification with Vitamin A and zinc. Cost-effectiveness ratios cluster in three groups with fortification with zinc and Vitamin A as the most cost-effective, and provision of supplementary food and nutrition counseling as the least cost-effective. In between are oral rehydration therapy, case management for pneumonia and Vitamin A and zinc supplementation. **CONCLUSIONS:** On the grounds of cost-effectiveness, Vitamin A and zinc fortification or supplementation should be considered for routine provision, together with oral rehydration therapy and case management for pneumonia.

PIN22

TELITHROMYCIN (TEL) IS AN EFFECTIVE THERAPY FOR ADULT OUTPATIENTS WITH COMMUNITY-ACQUIRED PNEUMONIA (CAP) AND IS ASSOCIATED WITH LOWER OVERALL HEALTHCARE COSTS THAN CLARITHROMYCIN (CLA): A POOLED ANALYSIS OF DATA FROM TWO INDEPENDENT, RANDOMIZED, DOUBLE-BLIND STUDIES

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OBJECTIVES: To compare the clinical and economic impact of oral TEL and CLA in adult outpatients with